

MODIFICATION OF GRANT OR AGREEMENT						OF PAGES	
Security of the security of th						2	
1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER: 2. RECIPIENT/COOPERATOR GRANT or 3. MODIFICATION NUMBER:					ER:		
10-FI-11051000-030 AGREEMENT NUMBER, IF ANY: 1						- x	
4. NAME/ADDRESS	4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING						
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):  PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):					Dian.e		
Six Rivers National Forest			95 S			V 3	
1330 Bayshore Way							
Eureka, CA 95	5501-3841	* ;			2 4 1		
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):			7. RECIPIENT/COOPERATOR'S HHS	SUB ACCOUN	Γ NUMBER	(For HHS	
	Protection District	payment use only):	gas site		E		
P.O. 369							
THE SECOND SECON	95538-0369				2		
Fort Dick, CA 95538-0369  8. PURPOSE OF MODIFICATION							
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement							
THAT APPLY:	referenced in item no. 1, above.						
$\square$	CHANGE IN PERFORMANCE PERIOD: Extend AOP Term Date to 4/30/2014						
	CHANGE IN FUNDING:						
	ADMINISTRATIVE CHANGES: Update Address of Where to Send Reimbursement Invoices and Department Contact						
$\boxtimes$	OTHER (Specify type of modification): Renewal of Annual Operating Plan						
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full							
force and effect.  9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):							
Except for the changes in the provisions included in Attachment A, the Annual Operating Plan for 2013 is the same and will remain in							
effect through 4/30/2014.							
10. ATTACHED DOCUMENTATION (Check all that apply):							
Revised Scope of Work							
	Revised Financial Plan						
$\boxtimes$	Other: Update address of where to send reimbursement invoices and Department contact						
11. SIGNATURES							
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF							
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED							
GRANT/AGREEMENT.							
11.A. FORT DICK FI	RE PROTECTION DISTRICT	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICE SIGNAT	TURE		1.D. DATE SIGNED	
/Kay 1 Cul 8-19-13			ham a lill	1 hi	N.	4 22,2013	
(Signature of Signatory Official)			(Signature of Signatory Official)	Sun	17	125, JUL	
11.E. NAME (type or print): RANDY L. CRAWFORD			11.F. NAME (type or print): TYRO	NE KELL	EY		
11.G. TITLE (type or print): Chief			11.H. TITLE (type or print): Forest	Supervisor		V	
12. G&A REVIEW							
12.A. The authority and format of this modification have been reviewed and approved for signature by: / 12.B. DATE							
Janost Ramanon							
JANET BOOMGARDEN 7/21/15							
U.S. Forest Service Grants & Agreements Specialist							



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## **ATTACHMENT A**

Fort Dick Fire Protection District/ U.S. Forest Service Agreement No. 10-FI-11051000-030

## WHERE TO SEND REIMBURSEMENT INVOICES

Invoices for services under this agreement must be sent to the following addresses as appropriate. This address supersedes any invoice mailing address which may be reflected in the existing cooperative agreement.

Invoices for services under this agreement must be sent to:

U.S. Forest Service	Department
Six Rivers National Forest	Fort Dick Fire Protection District
Attn: Rachel Corkill	Attn: Randy L. Crawford
1330 Bayshore Way	P. O. Box 369
Eureka, CA 95501	Fort Dick, CA 95538
Telephone: (707) 441-3522	Telephone: (707) 487-8185
FAX: (707) 441-3591	FAX:
Email: rcorkill@fs.fed.us	Email: FSFD81@aol.com